



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

11/18/2003

James H. Salter
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Seventh Floor
12400 Wilshire Boulevard
Los Angeles, CA 90025-1026

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kathleen K. Muto	(Depositor's name)
<i>Kathleen K. Muto</i>	(Signature)
2-18-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,562	02/12/2002	Mark W. Miles	05652P005	6550

TITLE OF INVENTION: METHOD FOR FABRICATING A STRUCTURE FOR A MICROELECTROMECHANICAL SYSTEMS (MEMS) DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARRECA, NICOLE M	1756	430-313000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Blakely, Sokoloff,
1 Taylor & Zafman LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Iridigm Display Corporation

San Francisco, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) 2/18/04

James H. Salter, Reg. No. 35,668

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/25/2004 MBELETE2 00000071 10074562

01 FC:2501
02 FC:1504
03 FC:8001

665.00 OP
300.00 OP
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

**FEE TRANSMITTAL FOR FY 2004**

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 995.00**Complete if Known:**

Application No. 10/074,562
Filing Date 2/12/02
First Named Inventor Mark W. Miles
Examiner Name Nicole M. Barreca
Art Unit 1756
Attorney Docket No. 005652.P005

☒ **Applicant claims small entity status. See 37 CFR 1.27.**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account
Deposit Account Number : 02-2666
Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:
☐ Charge fee(s) indicated below.
☒ Credit any overpayments.
☒ Charge any additional fees during the pendency of this application.
☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
☐ Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
1001	770	2001	385	Utility application filing fee	<u> </u>
1002	340	2002	170	Design application filing fee	<u> </u>
1003	530	2003	265	Plant filing fee	<u> </u>
1004	770	2004	385	Reissue filing fee	<u> </u>
1005	160	2005	80	Provisional application filing fee	<u> </u>

SUBTOTAL (1) \$ -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u> </u>	- 20** =	<u> </u>	X <u> </u>	= <u> </u>
Independent Claims	<u> </u>	- 3** =	<u> </u>	X <u> </u>	= <u> </u>
Multiple Dependent	<u> </u>			<u> </u>	= <u> </u>

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ -0-

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	\$665.00
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	110	2814	55	Statutory Disclaimer	
1810	770	2810	385	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	\$300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,330	1454	1,330	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) <u>Advance copies of issued Patent (10)</u>					\$ 30.00
Other fee (specify) _____					

SUBTOTAL (3) \$ 995.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: James H. SalterSignature:  Date: 2/18/04Reg. Number: 35,868 Telephone Number: (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/074,562		
	Filing Date	February 12, 2002	
	First Named Inventor	Mark W. Miles	
	Art Unit	1756	
	Examiner Name	Barreca, Nicole M.	
Total Number of Pages in This Submission	9	Attorney Docket Number	5652P005

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div>Part B - Issue Fee Transmittal (in duplicate); check in amount of \$995.00; Return Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James H. Salter, Reg. No. 35,668 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	2/18/04

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Kathleen K. Muto		
Signature		Date	2-18-04